

CERTIFICATE OF ECCLESIASTICAL ENDORSEMENT

Form Approved
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The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0190), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO APPLICANT'S ENDORSING OFFICIAL.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S. Code, Sections 532 and 591; EO 9397.

PRINCIPAL PURPOSE(S): To certify the professional qualifications of clergy for appointment in the Military Services. This form is an essential element of a chaplain's professional qualifications and will become part of a chaplain's military personnel record.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide all the information requested may significantly delay the processing of this endorsement.

1. FROM				2. TO			
a. TYPED OR PRINTED NAME OF ENDORSING ORGANIZATION				a. CHIEF OF CHAPLAINS (X appropriate block)		<input type="checkbox"/> (1) ARMY <input type="checkbox"/> (2) NAVY <input type="checkbox"/> (3) AIR FORCE	
b. ADDRESS				b. ADDRESS			
(1) STREET (Include apartment or suite number)				(1) STREET (Include apartment or suite number)			
(2) CITY		(3) STATE	(4) ZIP CODE	(2) CITY		(3) STATE	(4) ZIP CODE
3. APPLICANT INFORMATION. a. IS THIS AN INITIAL ENDORSEMENT? (X one) →				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)				c. ADDRESS			
				(1) STREET (Include apartment or suite number)			
d. SSN		e. TELEPHONE (Incl. Area Code)		(2) CITY		(3) STATE	(4) ZIP CODE
f. NUMBER OF YEARS OF PROFESSIONAL MINISTRY EXPERIENCE APPLICANT HAS COMPLETED (Following completion of the certification requirements for Military Chaplaincy)			g. NUMBER OF MONTHS OF PRIOR ACTIVE MILITARY SERVICE APPLICANT HAS COMPLETED		h. APPLICATION IS FOR (X one)		
			(1) OFFICER		(2) ENLISTED		<input type="checkbox"/> (1) RESERVE (Non-Active Duty)
							<input type="checkbox"/> (2) NATIONAL GUARD
							<input type="checkbox"/> (3) INITIAL ACTIVE DUTY (3 years)
							<input type="checkbox"/> (4) EXTENDED ACTIVE DUTY (Indefinite)
							<input type="checkbox"/> (5) REGULAR COMMISSIONED OFFICER
4. ENDORSER INFORMATION							
a. AS THE DESIGNATED OFFICIAL AUTHORIZED TO REPRESENT _____ (Name of religious faith group)							
AND IN RECOGNITION OF DOD DIRECTIVE 1304.19, I HEREBY CERTIFY THE ABOVE APPLICANT PROFESSIONALLY QUALIFIED AS CLERGY AND ENDORSED FOR THE MILITARY CHAPLAINCY.							
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)				c. ADDRESS			
				(1) STREET (Include apartment or suite number)			
d. TELEPHONE (Include Area Code)				(2) CITY		(3) STATE	(4) ZIP CODE
e. SIGNATURE						f. DATE SIGNED	
5. COMMENTS							